

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 12/03)					
1. CIR./DIST./DIV. CODE <u>2</u>	2. PERSON REPRESENTED <u>Evrol S. Dean</u>			VOUCHER NUMBER <u>080321000017</u>	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <u>06cr528(spc)01</u>	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) <u>USA vs. Evrol S. Dean</u>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) <u>CJA</u>
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <u>18 USC 1951, 924(c)(1)(A)(i), 924(c)(1)(A)(iii) & 2</u>					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <u>Anthony Tacullo Esq.,</u> <u>274 Franklin Avenue</u> <u>Nutley, NJ 07110</u> Telephone Number: <u>973-235-1550</u>			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's <u>Anthony Tacullo, Esq.</u> Appointment Dates: <u>7/25/06</u> <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) <u>[Signature]</u> Signature of Presiding Judge or By Order of the Court <u>7/27/06</u> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					
<div style="float: left; width: 150px; transform: rotate(-90deg); transform-origin: left top;"> RECEIVED-CLERK U.S. DISTRICT COURT MAR 20 2006 </div>					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)	HOURS	TOTAL AMOUNT	MATH/TECH. ADJUSTS	MATH/TECH. ADJUSTS	ADDITIONAL